

Virginia Healthcare-Associated Infections Report for a Healthcare Provider Audience

Executive Summary

Healthcare-associated infections (HAIs) are a public health concern that continue to pose a threat to patient safety. According to the Centers for Disease Control and Prevention (CDC), an estimated 722,000 HAIs occurred nationally in 2011, affecting approximately 1 in 25 hospital patients. In 2015, all HAIs reported to the Centers for Medicare and Medicaid Services (CMS) Hospital Inpatient Quality Reporting Program were required to also be reported to the Virginia Department of Health (VDH). This annual report summarizes the performance of Virginia's acute care hospitals on HAIs in 2015 and healthcare worker influenza vaccination for the 2014-2015 influenza season.

Key Findings

- In 2015, there were 48% fewer central line-associated bloodstream infections (CLABSI) in Virginia hospitals than predicted based on the national experience from 2006-2008.
- In 2015, there were 42% fewer catheter-associated urinary tract infections (CAUTIs) in Virginia hospitals than predicted based on the national experience from 2009.
- In 2015, there were 24% more surgical site infections (SSIs) following abdominal hysterectomies and about the same number of SSIs following colon surgeries in Virginia hospitals based on the national experience from 2006-2008.
- In 2015, there were 14% fewer hospital-onset methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia laboratory-identified events in Virginia hospitals than predicted based on the national experience from 2010-2011.
- In 2015, there were about the same number of hospital-onset *Clostridium difficile* laboratory-identified events in Virginia hospitals as predicted based on the national experience from 2010-2011.
- For the 2014-2015 influenza season, over half (52%) of Virginia hospitals met the Department of Health and Human Services Healthy People 2020 goal of 90% vaccination of healthcare workers.

Overall, Virginia acute care hospitals have shown progress in preventing CLABSI and MRSA bacteremia laboratory-identified events in 2015 when compared to the national experience. Improvement was also noted for CAUTIs, however, this was likely due to a change in the surveillance definition. Further action is needed to reduce other HAIs, especially for SSI following abdominal hysterectomies, which showed a significant increase in 2015. Prevention of *Clostridium difficile* infections also remains a priority for Virginia, as hospitals did not show any significant changes in 2015 from the national baseline.

The Virginia HAI program continues to work with partner organizations, key stakeholders, and healthcare facilities to improve existing programs and develop new strategies to reduce the number of HAIs in Virginia hospitals and ultimately protect patients from harm.